

PHILIPPINE OBSTETRICAL AND GYNECOLOGICAL SOCIETY (Foundation), INC



PHILIPPINE BOARD OF OBSTETRICS AND GYNECOLOGY

No. 56 Malakas Street, Diliman, Quezon City 1100

Tel Nos: 9217557; 9217647 Loc. 209 Fax Nos: 9219089

Email Address: pogsinc@gmail.com; pbog2010@gmail.com website: www.pogsinc.org

INSTRUCTIONS:

1. ACCOMPLISH THE APPLICATION FORM CORRECTLY
2. PRINT DATA LEGIBLY IN CAPITAL LETTERS

**PART II (ORAL EXAMINATION)
APPLICATION FORM**

NAME (Family Name)	(First Name)	(Middle Name)

RESIDENCE / HOME ADDRESS (No., Street, Brgy., Town, Municipality/ City, Province, Zipcode)	REGION	2 Passport size (1.5"x2") photo taken within 3 months with FULL nametag 4 Scanned, computer- generated / enhanced, photocopied, cutout, and pictures without nametag are not accepted
MAIN HOSPITAL / CLINIC ADDRESS: (No., Street, Brgy., Town, Municipality/ City, Province)	POGS REGION	
SPECIALTY _____ GENERAL PRACTICE: <input type="checkbox"/> Private <input type="checkbox"/> Government		
SUBSPECIALTY _____		

BIRTH DATE <small>(MM/DD/YY)</small>	CIVIL STATUS	GENDER <small>(F / M)</small>	CITIZENSHIP	PRC NUMBER							DATE OF LICENSURE					PMA NUMBER
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HOME NO.	CLINIC NO. (Main)
MOBILE NO.	EMAIL ADDRESS

MEDICAL SCHOOL ATTENDED:	YEAR GRADUATED
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RESIDENCY TRAINING PROGRAM:

Name of Institution	Chairman	from	Date started	to	Date Ended
Name of Institution	Chairman	from	Date started	to	Date Ended
Name of Institution	Chairman	from	Date started	to	Date Ended

Attested by:

_____ Chairman of OBGYN/ Hospital Director	_____ Regional Director
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FELLOWSHIP TRAINING:

Name of Institution	Subspecialty	from	Date started	to	Date Ended
Name of Institution	Subspecialty	from	Date started	to	Date Ended

POSTGRADUATE COURSES/ ADVANCED TRAINING ATTENDED *(In the last 3 years)*

CONVENTION (LOCAL)	PLACE	DATE	CME UNITS

TEACHING POSITIONS:

PRESENT POSITION	SCHOOL	DATE

MEDICAL SOCIETY MEMBERSHIP

_____ from _____ to _____
 _____ from _____ to _____

PROPOSED BY 3 POGS FELLOWS:

NAME	SIGNATURE	INSTITUTION
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I respectfully apply for certification as **DIPLOMATE** in OBSTETRICS AND GYNECOLOGY by the PHILIPPINE BOARD OF OBSTETRICS AND GYNECOLOGY



SIGNATURE OVER PRINTED NAME

EXAMINATION TAKEN:

PREVIOUS PBOG EXAMS TAKEN		
	DATE	OUTCOME
PART I (WRITTEN)	_____	_____
	_____	_____
PART II (ORALS)	_____	_____
	_____	_____
	_____	_____

I, _____, hereby certify to the correctness of the information stated above and confirm my consent to the POGS, processing my personal information data for the purposes as stated on the privacy policy of the Society. In witness thereof, I hereunto set my signature this _____ day of _____, 20_____.

 Signature over printed name

Do not fill-up below this line

ACCOUNTING SECTION:

Date: _____
 Application O.R. No. _____
 Amount _____ Date: _____
 Examination O. R. No. _____
 Amount: _____ Date: _____

 Printed Name and Signature of Processor

Chairman, PBOG